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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/262,046 10/02/2002 *CHK*  
*5/15/06*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none* *CHK*  
*5/15/06*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/13/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Carl H. Lingo</i> Examiner's Signature <i>CHK</i> Initials	MN	22	16	1

## ADDRESS

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## TITLE

Medical fluid delivery system

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